Form 990 (Rev. January 2020) Department of the Treasury

Preparer

Use Only

932001 01-20-20

Firm's name Marcum LLP

Firm's address 1899 L St.,

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

2019 Open to Public

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number American Legislative Exchange Council Name change 52-0140979 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Fınal return 2900 Crystal Drive, 6th Floor 703-373-0933 termın-ated 187, 421 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Arlington, VA 22202 H(a) Is this a group return F Name and address of principal officer Mrs. Lisa B. Nelson, Yes X No for subordinates? pending same as C above Yes L H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ www.alec.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1975 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities Assist State Legislators Governance Congress & the public by sharing research and educational info. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 49 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 30 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8,117,686. 8,493,986. Contributions and grants (Part VIII, line 1h) 8 /FD1,058,253. 1,055,104. 9 Program service revenue (Part VIII, line 2g) RECEIV . 636 , 2 إلى 14,631. Investment income (Part VIII, column (A), lines 3, 4, and 7d) **20**6,957. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NOV **2** 3 <del>2020 a</del> 357,918. 9,187,421. Total revenue - add lines 8 through 11 (must equal Part VIII, column ( 5,000. 500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. OGDEN Benefits paid to or for members (Part IX, column (A), line 4) .278. 3,948,200. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 76.098. 200,350. 16a Professional fundraising fees (Part IX, column (A), line 11e) 575,241. b Total fundraising expenses (Part IX, column (D), line 25) 4,801,792 5,007,198. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,238,668. 9,160,748. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 119,250. 26,673. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 6,371,233. 6,370,841. 20 Total assets (Part X, line 16) 1,980,940. 1,953,875. 21 Total liabilities (Part X, line 26) 4,390,293. 4,416,966. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer-(other than officer) is based on all information of which preparer has any knowledge Husa Briver Signature of officer Sign Lisa Bowen, Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name 10/26/2020 P00916458 Thomas J. Raffa Paid

Firm's EIN

11-1986323

X Yes

Form 990 (2019)

Phone no. (202) 227-4000

Washington, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions)

NW, Suite 850

Form (Par	990 (2019) American Legislative Exchange Council 52-0140 til Checklist of Required Schedules	<u>979</u>	P	age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			110
•	If "Yes." complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_ <u> </u>		<del></del>
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<del></del>		
5		5		X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b> </b>		<del></del>
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
-	•	۳	<del>                                     </del>	<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	l	Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
•	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l °	<del>                                     </del>	<del></del>
9	· · · · · · · · · · · · · · · · · · ·			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9_	<del> </del>	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	1	х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		4. ;	,
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		- V	}
	Part VI	11a	X	├─
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		1	v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments · program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<del> </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├─
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a	<del>                                     </del>	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		.,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<del>  ,,</del> -
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
p	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ł	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		l	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X_	—
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	Щ.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

domestic government on Part IX, column (A), line 19 If "Yes." complete Schedule I. Parts I and II

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		,	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 11	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ł		
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
2.0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)	<u> </u>		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			••
	"Yes," complete Schedule L, Part IV	28a		$\frac{x}{x}$
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		Х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		١ ,,	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	Х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
••	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	T-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	<del></del> · · ·			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 38  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	} ;		
b	Zito the residence of the transfer of the tran	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	Х	
	Manner Manner of Australia Control Australia Control of Australia Contro	1c		(0.04.0)

F	Sand Tax Compliance (continued)				
		1 1	مر شنوس	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 49		547	
	filed for the calendar year ending with or within the year covered by this return		4 (5.4.5)	X	地名等
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the sum of lines to and 2a in greater than 250, you may be required to		2b		HEE
	-Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s) <sub>≠</sub>	3a	3547545348	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "You " book tilled a Form 900 T for this year? If INVIII to less the control of a control of the control of the year?	0	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		<del>                                     </del>
44	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
ь	If "Yes," enter the name of the foreign country	accounty:	NEWS.		504
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	- TELESP	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?	v	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		温度	學	遊類
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	İ		<b> </b> ,
	to file Form 8282?		7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	T. Link	141-161	発売
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8899 as required?	7g		├──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	.5 እና ዓረት	1. 4004
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	類學是		4,14
	sponsoring organization have excess business holdings at any time during the year?		8 34.5 835	A. 4655645	are the for
9	Sponsoring organizations maintaining donor advised funds.			MATERIAL PARTIES	
а	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>		├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	المُعْرِثُ وُرِيَاكُولُونِ	5 9 4
10	Section 501(c)(7) organizations. Enter	140-1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	[ 100 ]			
''	Gross income from members or shareholders	11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	110	凝性	诗品	
~	amounts due or received from them )	11b	्र कुरुवेस १३६ होन्		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	NO.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				400年
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O		1 1/4 5 1 p		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	China III	C. B.	RI.
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or			,,
	excess parachute payment(s) during the year?		15	Problem 10	X Legarite
	If "Yes," see instructions and file Form 4720, Schedule N			洲城城	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it income?	16	A. Arzinta	X Ref
	If "Yes," complete Form 4720, Schedule O		N' 3 5 '		(2019)
			LOLU	J J J U	(2019)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 23 1a- Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Lisa Bowen, CFO - 703-373-0933

2900 Crystal Drive, 6th Floor, Arlington,

orm 990 (2019)	American	Legislative	Exchar

52-0140979

Page 7

nge Council Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

Check this box if neither the organization n	or any related	organization compensate						ated any current officer, director, or trustee.				
(A)	(B)			(C				(D)	(E)	(F)		
Name and title	Average	(do		Posi		l than c	nne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of		
	week	$\vdash$	cer an	and a director/trustee)			ee)	from	from related	other		
	(list any	55						the	organizations	compensation		
	hours for	5	<sub>8</sub>			ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	trust		8	Suadi		(W-2/1099-MISC)		organization and related		
	organizations below	ual tr	tona		yold	e to	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizationo		
(1) Representative Alan Clemmons	1.00											
Chair		X	L	X				0.	0.	0.		
(2) Speaker Philip Gunn	1.00											
First Vice Chair		Х		X				0.	0.	0.		
(3) Senator Stuart Adams	1.00											
Treasurer		X		X				0.	0.	0.		
(4) Senator Karen Fann	1.00											
Secretary		X		X				0.	0.	0.		
(5) Representative Jason Saine	1.00											
Immediate Past Chair		X		X				0.	0.	0.		
(6) Representative John Allen	1.00											
Director		X						0.	0.	0.		
(7) Delegate Kathy Byron	1.00	]										
Director		X						0.	0.	0.		
(8) Senator Josh Harkins	1.00											
Director		X						0.	0.	0.		
(9) Senator Brian Kelsey	1.00											
Director		X						0.	0.	0.		
(10) Representative Dan Laursen	1.00											
Director		X						0.	0.	0.		
(11) Senator Patricia Rucker	1.00	]										
Director		X						0.	0.	0.		
(12) Representative Bill Seitz	1.00											
Director		X						0.	0.	0.		
(13) Representative Trey Stewart	1.00	]										
Director		Х						0.	0.	0.		
(14) Senator Susan Wagle	1.00	]										
Director		X						0.	0.	0.		
(15) Senator Jim Buck	1.00								_			
Director	<u> </u>	X		$oxed{oxed}$				0.	0.	0.		
(16) Senator Edgar Emery	1.00									_		
Director	<del> </del>	X	_	Щ				0.	0.	0.		
(17) Representative Seth Grove	1.00	x						0.	0.	0.		
Director												

Part VII   Section A. Officers, Directors, Trust	ees, Kev Emp	olove	ees.	and	Hic	hes	t C	ompensated Employee	s (continued)				
(A)	(B)			((	>)			(D) (E)				(F)	
Name and title	Average	/		Pos				Reportable	Reportable		Est	timate	ed
	hoụrs per	box.	unles	ss per	son i	than c s both	an	compensation	compensation	n	am	ount	of
	week		er an	d a d	recto	r/trust	ee)	from	from related		(	other	
_	(list any	ector						the	organizations			oensa	
-	hours for	or dir	8			ated		organization	(W-2/1099-MIS	(C)		om th	
	related organizations	ıstee	truste		a,	bens		(W-2/1099-MISC)		l	-	anızat	
	below	ual trı	ional		ploye	t com						l relat	
	line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	JE I			l	orga	nızatı	7112
(18) Representative Justin Hill	1.00	12		0	ž	± 5	<u></u>						
Director		х						0.		0.			0.
(19) Representative Phil King	1.00												
Director		X						0.		0.			0.
(20) Representative John Nygren	1.00												
Director		X		L				0.		0.			<u>0.</u>
(21) Representative Lori Saine	1.00												•
Director	1 00	X						0.		0.			0.
(22) Representative Garry Smith Director	1.00	х						0.		0.			0.
(23) Speaker Linda Upmeyer	1.00		_	-				•		-			<del>-•</del>
Director	x							0.		0.			0.
(24) Lisa Nelson	40.00			<u> </u>									
CEO				Х				423,600.		0.	25	5,2	<u>46.</u>
(25) Lisa Bowen	40.00												
CFO			L.	X				181,440.		0.	31	L,4	66.
(26) Michael Bowman	40.00							151 210					
VP - Policy			L	<u> </u>	X			171,312.		0.			<u>57.</u>
1b Subtotal								776,352.		0.			<u>69.</u>
c Total from continuation sheets to Part VI	, Section A							737,726.		0.			38.
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,514,078.		0.	138	3,3	07.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	ove	) wh	o re	eceived more than \$100,	000 of reportable				٥
compensation from the organization												Yes	8 No
2 Did the experientian list any farmer officer	-	I					<b>.</b>	land beterreemen tead.		Г		163	
3 Did the organization list any former officer,		3e, K	еу е	mpi	oye	e, or	nig	nest compensated emp	loyee on	ŀ			X
line 1a? If "Yes," complete Schedule J for si										}	3		<u> </u>
4 For any individual listed on line 1a, is the su	•							•	ne organization	- }	_	v	igwdap
and related organizations greater than \$150									hual far convices	}	4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•		Hate	ed organization of individ	iuai for services	ŀ	5		X
Section B. Independent Contractors	Diete Schedule	2.1.10	or si	ICH I	ers.	on		· · · · · · · · · · · · · · · · · · ·	**		<u> </u>		<del></del>
Complete this table for your five highest coil	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	ion fro	m	
the organization Report compensation for t													
(A)							(B)		_	(C			
Name and business address Description of services Compens								satio	<u>n</u>				
CMI Communications, 400 M		SS	in	g				a	ļ		201		^ ^
Blvd., Rochester, NY 14624 Audio Visual 201,603.													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1
See Part VII, Section A Continuation sheets

American Legislative Exchange Council 52-0140979 Form 990 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Name and title Reportable Average Position Reportable Estimated (check all that apply) compensation compensation hours amount of per from from related other organizations week the compensation Highest compensated emptoyee (W-2/1099-MISC) (list any Individual trustee or director organization from the hours for (W-2/1099-MISC) organization related and related Key employee organizations organizations below line) (27) Wilhelm Meierling 40.00 X 192,793. 0. 8,581. Chief Marketing Officer 40.00 (28) Jonathan Williams Chief Economist X 174,005. 0. 22,265. (29) Bartlett Cleland 40.00 4,169. 104,455. General Counsel X 0. (30) Bob Williams 40.00 Senior Fellow X 142,406. 0. 4,270. (31) Marie Vulaj 40.00 X 124,067. 0. 20,153. VP-Partnerships & Engagements 737,726. 59,438. Total to Part VII, Section A, line 1c

C 70 2 P 7	,	2.15	Check if Schedule O contains a resp	onse (	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
= 10·10	2410		Fodorated comparance		<del></del>			AND THE RESERVED	erunia estructua
Grants mounts	1		Federated campaigns						
ਲੂੰ ਕ੍ਰੋ			Membership dues 1b						
S, B			Fundraising events <u>1c</u>		-				
뜵펵			Related organizations 1d						
S, E		е	Government grants (contributions) 1e						
ទ្ធស្ន		f	All other contributions, gifts, grants, and						
5 1			similar amounts not included above . 1f	8,	<u>117,686.</u>				
들임		g	Noncash contributions included in lines 1a-1f	\$					
Contributions, Gifts, Gran and Otner Similar Amount		h	Total. Add lines 1a-1f		<b>•</b>	8,117,686.	THE STATE OF THE PARTY OF THE P		到是是此次的
					Business Code	<b>BHY HANDEN</b>			
g,	2		Conferences/seminars			1,005,779.			
ξ		b	Membership dues	-	900099	. 49,325.	49,325.		
S a		С							
E S		d							
Program Service Revenue		e			,				
Pro		f	All other program service revenue						
			Total. Add lines 2a-2f		<b></b>	1,055,104.		NEW WAR	<b>阿克纳斯科斯斯斯</b>
	3		Investment income (including dividends,	ıntere	st, and				
			other similar amounts)		•	14,631.	1		14,631.
	4		Income from investment of tax-exempt b	ond p	roceeds				
	5		Royalties	•	•				
			(ı) Re	al	(II) Personal	POLICE AND PERSON			
	6	а	Gross rents 6a						
	-	-	Less rental expenses 6b						
			Rental income or (loss) 6c		,				
			Net rental income or (loss)		<b>•</b>				
			Gross amount from sales of (i) Secur	ities	(II) Othor			NAME OF THE PARTY	
		_	assets other than inventory 7a					<b>的数据的</b>	
		h	Less cost or other basis		··				
ō		-	and sales expenses 7b						
enr		c	Gain or (loss) 7c						
Revenue			Net gain or (loss)		<u> </u>	in the second se	The state of the s		
her F			Gross income from fundraising events (not				SAFETHER PROPERTY.	THE THE PARTY OF THE	
Ð.	Ŭ	_	including \$ of						
			contributions reported on line 1c) See		i				
			Part IV, line 18	8a					
		h	Less. direct expenses	8b					
			Net income or (loss) from fundraising eve	_		1 and order School 251 minds \$36.0.3		25.3.1 (10.0420 to 20.03 to 20	BR38 40 417 (1 mm 1151 ) 40 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
			Gross income from gaming activities. Se	_	Ι				riya ada sedilerek
	٦	u	Part IV, line 19	9 <sub>a</sub>					
		h	Less: direct expenses	9b					ANGER DINE
			Net income or (loss) from gaming activiti			THE THE REST PROBLEM FOR THE SECTION	Barr Rechange 1852 Sec. Ft. left are-it Fil	and grasse spec ranges of an energy page 15,000 1500	Tricopous d'Estar les abs 218 ments
			Gross sales of inventory, less returns		ļ			Harra Caral	NAME OF THE PARTY
		u	and allowances	10a					
		h	Less cost of goods sold	10b					
			Net income or (loss) from sales of inventor		<u> </u>	E-Eloni SA-Menis Summing Little School de Sings	2000 APRIL INSCREASES AND ASSAULT STORE CONTROL	Burding 28 No. 44 ASSESSED ALIES D. 18 ASSESSED	countries have a seasonal about 100 to 100 t
		_		• ,	Business Code				BOOK BOOK
snc	11	а				- mary prices recognizers		and the second second and appropriate	access of the second of the se
nec		b					İ		
ellane		c							
Miscellaneous Revenue		_	All other revenue						
2		е	Total. Add lines 11a-11d					GANGE LENGTH SAN	WITH ANY WATER
	12		Total revenue See instructions		<b></b>	9,187,421.	1,055,104.	0.	14,631.

	Check if Schedule O contains a respon		this Part IX	(C)	(P)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	*Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
,	individuals See Part IV, line 22		w		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		:		
	Individuals See Part IV, lines 15 and 16			THE AMERICALLY METERS	CONTRACTOR CONTRACTOR
4	Benefits paid to or for members		- 4	SALA PRINTEGATO, AND PRINTERS	N/1995年2012201792821782827
5	Compensation of current officers, directors, trustees, and key employees	-			
6	Compensation not included above to disqualified			•	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,252,865.	939,178.	295,734.	17.953.
7	Other salaries and wages	2,191,375.	1,793,458.	230,886.	17,953. 167,031.
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)	66,505.	53,020.	9,816.	3,669.
9	Other employee benefits	207,957.	179,012.	12,428.	3,669. 16,517. 12,662.
10	Payroll taxes	229,498.	182,963.	33,873.	12,662.
11	Fees for services (nonemployees)				
а	Management		,		
b	Legal	89,780.	72,855.	12,678.	4,247.
c	Accounting	66,756.	53,879.	9,646.	4,247. 3,231.
ď					
е	Professional fundraising services. See Part IV, line 17	200,350.	PENDER WEST PARTY	<b>医红色性性</b>	200,350.
f	Investment management fees			,	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	272,206.	249,142.	22,946.	118.
12	Advertising and promotion	93,156.	93,156.		
13	Office expenses	469,679.	329,922.	42,925.	96,832.
14	Information technology	148,098.	119,883.	21,136.	7,079.
15	Royalties				
16	Occupancy	405,158.	327,003.	58,545.	19,610.
17	Travel	373,159.	358,935.	11,996.	2,228.
18	Payments of travel or entertainment expenses			100 100	
	for any federal, state, or local public officials	616,380.	512,892.		4.550
19	Conferences, conventions, and meetings	1,672,062.	1,556,300.		4,562.
20	Interest	785.	634.	113.	38.
21	Payments to affiliates	160 007	126 622	24 462	0 100
22	Depreciation, depletion, and amortization	169,287.	136,632.	24,462.	8,193.
23	Insurance ,,	48,205.	40,386.	5,857.	1,962.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	260 475	054 367	了一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	F 006
	Subscriptions/research	260,475. 169,088.	254,367. 164,404.	122. 4,536.	5,986. 148.
b	Dues and membership	94,107.	104,404.		140.
C	Bad debt	47,152.	43,426.	94,107.	2,606.
	Artwork/graphics	11,665.	8,292.	3,154.	2,808.
	All other expensesAdd lines 1 through 246	9,160,748.	7,474,739.	1,110,768.	575,241.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	9,100,740.	1,4/4,/33.	1,110,700.	3/3,241.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Yai	tXX	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X	<del></del>	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	847,132.	1 428,411
e.	2	Savings and temporary cash investments	3,150,851.	2 3,701,915
	3	Pledges and grants receivable, net	1,076,342.	3 818,500
	4	Accounts receivable, net	276,104.	4 355,671
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined	STATES AND STATES	域。阿姆特别的自己的
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	· I	6
y,	7	Notes and loans receivable, net		7
Assets	8	Inventories for sale or use		8
As	9	Prepaid expenses and deferred charges	252,393.	9 378,989
	10a	Land, buildings, and equipment cost or other	E-PERTURA PER	
į		basis Complete Part VI of Schedule D 10a 1,701,283.		
	b	Less accumulated depreciation 10b 1,130,846.	656,255.	10c 570,437
	11	Investments - publicly traded securities		11
	12	Investments - other securities See Part IV, line 11	112,156.	12 116,918
	13	Investments - program-related See Part IV, line 11		13
~	14	Intangible assets		14
	15	Other assets See Part IV, line 11		15
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,371,233.	16 6,370,841
	17	Accounts payable and accrued expenses	872,986.	990,936
	18	Grants payable		18
	19	Deferred revenue	181,398.	19 179,773
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21 .
ر دن	22	Loans and other payables to any current or former officer, director,	TO A SAME SERVICE SA	
Ë		trustee, key employee, creator or founder, substantial contributor, or 35%		
Liabilıties		controlled entity or family member of any of these persons		22
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X		
		of Schedule D	926,556.	783,166
	26	Total liabilities. Add lines 17 through 25	1,980,940.	26 1,953,875
		Organizations that follow FASB ASC 958, check here		
ès		and complete lines 27, 28, 32, and 33.		
auc	27	Net assets without donor restrictions	2,182,541.	27 2,278,519
ğ	28	Net assets with donor restrictions	2 22 = == 2	28 2,138,447
2	1	Organizations that do not follow FASB ASC 958, check here		
Ē		and complete lines 29 through 33.		
ō	29	Capital stock or trust principal, or current funds	TO SERVICE STREET, STR	29
S S	30	Paid-in or capital surplus, or land, building, or equipment fund		30
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31
Net Assets or Fund Balances	32	Total net assets or fund balances	4 000 000	32 4,416,966
Z	33	Total liabilities and net assets/fund balances	4 4 4 4 4 4	33 6,370,841

	990 (2019) American Legislative Exchange Council	52-	<u>-014097</u>	9 Pa	<sub>ige</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>87,4</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		60,7	
<b>-</b> 3 -	-Revenue less expenses Subtract line 2 from line.1	3		<u> 26,6</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,3	90,2	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,4	<u>16,9</u>	66.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	,	<b>1</b> ''.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	<u>a  </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	, ,		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				3
b	Were the organization's financial statements audited by an independent accountant?		21	b X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	ر ا	_, ',	
	consolidated basis, or both:			` .	, 7,6,
	Separate basis X Consolidated basis Both consolidated and separate basis		<u> </u>	Д	لنبا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		20	≥	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	_ رسو_	· * ' `	` tr
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit	l l	
	Act and OMB Circular A-133?		3:	a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	ıt		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				<u> </u>
			For	<sub>rm</sub> 990	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

**Employer identification number** 

		Amer	ican Legis	lative Exchar	nge Co	uncil		_ 5	2-0140979	
Par	П	Reason for Public (	Charity Status (/	All organizations must co	mplete th	is part ) Se	e instructions			
he o	rganı	zation is not a private found						_		
1 [	$\overline{}$	A church, convention of chi					D(A)(i).		$\sim$	
2	司	A school described in secti					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(')	
3	=	A hospital or a cooperative					۸		<b>O</b> •	
4	$\overline{}$	·					-	(iii) Entor	the hespital's name	
4 [		A medical research organization	ation operated in cor	ijunction with a nospital	described	m secuo	11 17 U(D)( 1)(A)	(III). Enter	the nospitar's name,	
		city, and state								_
5 լ		An organization operated for		lege or university owned	or operate	ed by a go	vernmental ur	nt describe	ed in	
		section 170(b)(1)(A)(iv). (C								
6 L		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substai	ntial part of its support fr	om a gove	ernmental (	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II )							
8 [		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II )					
9 [	_	An agricultural research org				ed in conju	inction with a	land-grant	college	
		or university or a non-land-g						=	=	
		university.	, <b>- </b>	,		,,	,			
10 [		An organization that norma	fly receives (1) more	than 33 1/3% of its sunt	ort from c	ontributio	ns membersh	in fees an	d gross receipts from	_
		activities related to its exen	-	•					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	iner June 30, 1975	
		See section 509(a)(2). (Cor	•							
11 [	=	An organization organized a	•	•	•					
12 [		An organization organized a	,	•	•			•		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 5	i09(a)(3). (	Check the box in	
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anızatıon(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting	
		organization You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	ving	
		control or management o	•				-	•	-	
		organization(s) You mus						,		
_		Type III functionally inte	-		ın connect	non with s	and functional	v integrate	nd with	
·			-					y intograto	ou with,	
		its supported organization		•	-					
đ	Ь	Type III non-functionally	-					_		
		that is not functionally int						an attentiv	veness	
	_	requirement (see instructi	•	•	•					
е		Check this box if the orga					Type I, Type I	I, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supportii	ng organiz	ation			<del></del>	_
f	Ente	r the number of supported o	organizations							
g		ide the following information			(					
	(1	) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions	s)
							-			
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			. —							
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Schedule A (Form 990 or 990 EZ) 2019 American Legislative Exchange Council 52-0140979 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support			,	·		
<del> </del>	(-) 0045		(-) 0047	(1) 0010	(-) 0010	(0 T-+-1
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gitts; grants; contributions; and — membership fees received (Do not		and and and and a		· · · · · · · · · · · · · · · ·	<del></del>	
include any "unusual grants.")	7393600	8873957.	8765064	8493986.	8117686	41644293.
2 Tax revenues levied for the organ-	7333000.	.0073937.	0703004.	0473700.	0117000.	21044293.
ization's benefit and either paid to	, ,		•	,		
or expended on its behalf	,		4	• .		
3. The value of services or facilities		·····		· · · · · · · · · · · · · · · · · · ·		· · · · · ·
furnished by a governmental unit to	ļ· .		k		•	•,
the organization without charge						
4 Total. Add lines 1 through 3	7393600.	8873957.	8765064.	8493986.	8117686	41644293.
5 The portion of total contributions			Killer Marches Lu		THE SHEET STATES	11044255
by each person (other than a:						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11, '						. `
column (f)						4226398
6 Public support. Subtract line 5 from line 4					The comment of the second seco	37417895.
Section B. Total Support	Mar Substantia Character Care Constitution in	Lorest and Committee and Section 1	and a first transfer with the last a	b .recassia cabasa cabesa.	A to this to use! I have been the	",
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	7393600.	8873957:	8765064.	8493986.	8117686.	41644293
8 Gross income from interest,			_			
dividends, payments received on	·			٠.		
securities loans, rents, royalties,		· , .,	•	,	٠,	
and income from similar sources	2,971.	3,897.	6,463.	12,636.	14,631.	40,598:
9 Net income from unrelated business	,	2, 1				
activities, whether or not the	·	, ,	•	<b> </b> ,	•	
business is regularly carried on		•				
10 Other income. Do not include gain			•		7	
or loss from the sale of capital	·	. ,		l. ,		,,
assets (Explain in Part VI)	476,751:	476,.717.	476,674.	. 200.	,	1430342.
11 Total support. Add lines 7 through 10					NEW WARD	43115233.
12 Gross receipts from related activities,	etc (see instruction	ons)			12 5	,438,113.
13 First five years. If the Form 990 is for	•		d, fourth, or fifth ta	x year as a section	501(c)(3)	•
organization, check this box and stop	here ·	•	•	· .	*	ightharpoons
Section C. Computation of Publi	c Support Per	centage				1
14 Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))	•	14	86.79 · %
15 Public support percentage from 2018	Schedule A, Part	II, line 14			15	85.95 %
16a 33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b 33 1/3% support test - 2018. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qual	ifies as a publicly s	supported organiza	ition	•	٠	· ▶□
17a 10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	ind line 14 is 10%	or more,
and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ierė. Explain in Pai	t VI how the organ	nization
meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		▶ □
b 10% -facts-and-circumstances test					7a, and line 15 is	10% or
$ ilde{\epsilon}$ . more, and if the organization meets the	-			-	-4	
organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	<b>-</b> ▶□
18 Private foundation. If the organization	n did not check a	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	, check this box ai	nd see instructions	s <b>&gt;</b> .
1	L	•		Sche	dule A (Form 990	or 990-EZ) 2019

Complete only if you checked the box on line 1 for Part I or if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization false to qualify under Part II if the organization of the organization and management of the organization and management of the organization and management of the organization and management of the organization and the organization and the organization and the organization benefit and either part to or expended on this their II are not an university of the organization without change 6 Total, and times through 5 To a Amounts included on his their II is the organization without change 6 Total, and times through 5 To a Amounts without of the organization without change 6 Total, and times through 5 Total and times through 5 Total and times through 5 Total and times through 5 Total and times through 5 Total and times through 5 Total and times through 5 Total and times through 5 Total and times through 5 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times through 6 Total and times thro	Sche	edule A (Form 990 or 990 EZ) 2019 Art III   Support Schedule for C	merican L Organizations	egislativ Described in S	e Exchange Section 509(a)	e Council	52-014	0979 Page 3
Section A. Public Support  Celledar year (or fiscal year heighinsis in) P  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  nencharchy fies recoved (Do not include any Yunasual grants 7  2 Gross receipts from admissions, receipts and any activity that is related to the organization's tax-exempl purpose  3 Gross receipts from admissions, receipts of the organization of the organization is tax-exempl purpose  3 Gross receipts from admissions that are not an unrelated trade or bus- iness unders exercise of final first and the first of the organization is tax-exempl purpose  3 Gross receipts from admissions that are not an unrelated trade or bus- iness unders exercise of final first organization is benefit and either pad to or expended on its behalf  5 The value of services or final first first pad to the organization of the organization is benefit and either pad to or expended on the behalf  6 Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons benefits the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed on the services or final first pad to or supposed or first pad to services or final first pad to or supposed to the services or final first pad to organize the services or first pad to organize the services organized to or		<del></del>	_			• •	art II If the organiz	ation fails to
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memberathy fees received (Do not included any inclusion graphs of the companies of the comp			(a) 2010	(8) 2010	(6) 20	(6) 2019	(6)25.5	////
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or loss from the sale of capital assets (Explain in Part VI.)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	40	· ·	1		ļ			
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Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	13	Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>	<u> </u>		<u></u>	L
Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
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Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	tion C. Computation of Publi	ic Support Per	centage				
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage for 2019 (	line 8, column (f), d	livided by line 13,	column (f))		15	<u>%</u>
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### Schedule A (Form 990 or 990 EZ) 2019 American Legislative Exchange Council

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche		14097	9 Pa	ge <b>5</b>
Par	Supporting Organizations (continued)		7	
		eralne tive	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		الأدارية الأدارية	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		48.78	13 T. T.
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Vac	No
	Did the directors to stone as marsharship of one or more appropriated exemplantings have the power to	San Carlo	Yes	DE SE
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	E Maria		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	377777	32.14
2	Did the organization operate for the benefit of any supported organization other than the supported	法法院建	桶鐵	C.E.W.
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		* S.H	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<b>表表现</b>		
	or trustees of each of the organization's supported organization(s)" If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	nasawar 1		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		11 Tape 1 102	Yes	No Behove tents
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<b>发生地震型</b>	15-43-45 15-43-45	#X + CTA'S
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 Novi State	SELECTION OF	der this wa
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	7.38.2 g 55 m	P 2404.	為於沙縣
_	the organization maintained a close and continuous working relationship with the supported organization(s)	<b>2</b> (학화학학	SEAS.	-1365,Te(I)
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	.,1,7.3	F 17 426-
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		l	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
' a	The organization satisfied the Activities Test Complete line 2 below	-,-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	District the Health of the control of the tensor of the te	MA		<b>633</b>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		<b>经数</b>	
	activities but for the organization's involvement	2b	1,X*4 "5,1ve	a. mag. 277 . 6
3	Parent of Supported Organizations Answer (a) and (b) below.	<b>新教</b>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	and the	SPEEK!	STATE OF
	trustees of each of the supported organizations? Provide details in Part VI.	3a	18 YES	53m -4444
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	和東京	\$26P	(). PR
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	i	l

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  (A) Prior Year (b) Current Year (optional)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3	ated 509(a)(3) Supporting Organizations
other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  (A) Prior Year (optional)  Provided Prior Year (optional)  Recoveries of prior-year distributions  Other gross income (see instructions)  3	
Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (optional)  -1 - Net short-term capital-gain	
Section A - Adjusted Net Income (A) Prior Year (optional)  -1 - Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3	
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3	
3 Other gross income (see instructions) 3	. 1
	2
4 Add lines 1 through 3	3
1 100 1100 1 11100 110	4
5 Depreciation and depletion 5	5
6 Portion of operating expenses paid or incurred for production or	r production or
collection of gross income or for management, conservation, or	inservation, or
maintenance of property held for production of income (see instructions) 6	come (see instructions) 6
7 Other expenses (see instructions) 7	7
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8	from line 4) 8
Section B - Minimum Asset Amount (A) Prior Year (Optional)	
1 Aggregate fair market value of all non-exempt-use assets (see	assets (see
instructions for short tax year or assets held for part of year)	
a Average monthly value of securities 1a	
b Average monthly cash balances 1b	
c Fair market value of other non-exempt-use assets 1c	1c
d Total (add lines 1a, 1b, and 1c)	
e Discount claimed for blockage or other	· 17. 18. 24. 18. 24. 24. 25. 26. 26. 27. 27. 27. 27. 28. 28. 28. 27. 27. 27. 27. 28. 28. 28. 27. 27. 27. 27. 2
factors (explain in detail in Part VI).	
2 Acquisition indebtedness applicable to non-exempt-use assets 2	pt-use assets 2
3 Subtract line 2 from line 1d 3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	
see instructions)	,
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by 035	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6) 8	
Section C - Distributable Amount  Current Year	· 1000 1000 1000 1000 1000 1000 1000 10
1 Adjusted net income for prior year (from Section A, line 8, Column A)	A. line 8. Column A)
2 Enter 85% of line 1. 2	MARINE ALL STATES AND A STATE
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	on B line 8 Column A) 3
4 Enter greater of line 2 or line 3	CONSTRUCTION OF THE STATE OF TH
5 Income tax imposed in prior year 5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	AND ADMINISTRATION OF THE PROPERTY OF THE PROP
emergency temporary reduction (see instructions)	######################################
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	
Instructions)	

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 American Legi: Type III Non-Functionally Integrated 509(			2-0140979 Page 7
11.0 Ph	ion D - Distributions	nizations (continued)	Current Year	
·1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	•		
	organizations, in excess of income from activity			<u></u>
3	Administrative expenses paid to-accomplish exempt purpose	s of supported organizations		/ ~ ~ ~ 3 YONY 4 50
4	Amounts paid to acquire exempt-use assets	,		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions		<u>.</u>	
9	Distributable amount for 2019 from Section C, line 6	<del></del>		<u> </u>
10	Line 8 amount divided by line 9 amount	<del>,</del>	<u>-</u>	·
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2019		TANGET BETTE	
a	From 2014			imminimisisminimis yhdikudumuhindistiikii (h. 1997). K. Topos etelettiinis (hindistiikiinis (h. 1997).
3	From 2015			
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	From 2017			The second secon
	From 2018	<b>成等的数据,就是现代的</b>		學學學學學學學學
	Total of lines 3a through e		<b>建设现金的基础的基础的</b>	的经验是不是
	Applied to underdistributions of prior years	NATURAL PROPERTY OF THE PARTY O		<b>彩色学 经</b> 经
	Applied to 2019 distributable amount	<b>在新疆市中的企业</b>	是非社會的作品的問題。實施的	
	Carryover from 2014 not applied (see instructions)		的是的自己的對映論的認識	CONTRACTOR STATES
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		學是不是學學學學學學學	
4	Distributions for 2019 from Section D,	TARREST AND AND AND AND AND AND AND AND AND AND		THE THE PROPERTY OF THE PROPER
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	的影響。		
С	Remainder Subtract lines 4a and 4b from 4		<b>科學特別的關鍵器與關係</b>	<b>国际的东西区域</b> 上,北京的北京
5	Remaining underdistributions for years prior to 2019, if	AND THE PERSON OF THE PERSON O		
	any Subtract lines 3g and 4a from line 2 For result greater		1	
	than zero, explain in Part VI. See instructions	學學系有過過音表表數樣。但		
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			The state of the s
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	The second of the second of the second second of the secon		
8	Breakdown of line 7			
а	Excess from 2015	hand and a second of the secon		
	Excess from 2016		The last open to the last of the last of the state of the	The state of the s
С	Excess from 2017		The Prince of th	
d	Excess from 2018			
	F	The state of the s	THE PROPERTY OF THE PROPERTY O	上面 \$500 G**研究 (1-100 F) - 100 F A B B B J J J G T T A B B G G

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 American Legislative Exchange Council 52-0140979 Page  Part VI,  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12,  Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Schedule Λ,-Part-II,-Line-10,-Explanation for_Other_Income:
Miscellaneous
2018 Amount: \$ 200.
Sublease income
2015 Amount: \$ 476,751.
2016 Amount: \$ 476,717.
2017 Amount: \$ 476,674.
<del> </del>

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III			
	ne of organization		· · · · · · · · · · · · · · · · · · ·	l	oyer identification number
	America:	n Legislative Exc	hange Counc	cil	52-0140979
Pa	art I-A   Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the organiz	ation's direct and indirect politica	al campaign activities i	n Part IV	
2	Political campaign activity expendite	ures		▶\$	
3	Volunteer hours for political campai	gn activities			
	11.51 6 11 (11		504(-)(	0)	
	<del></del>	anization is exempt unde		· · · · · · · · · · · · · · · · · · ·	
	Enter the amount of any excise tax			<b>▶</b> \$	
	Enter the amount of any excise tax			▶\$	
	If the organization incurred a section	n 4955 tax, did it file Form 4720 t	ror this year?		
	Was a correction made?				Yes No
Pa	o If "Yes," describe in Part IV.  art I-C   Complete if the org	anization is exempt unde	er section 501(c).	except section 501(c	1(3).
	Enter the amount directly expended	<u> </u>			
	Enter the amount of the filing organ		·		· · · · · · · · · · · · · · · · · · ·
_	exempt function activities		g	<b>▶</b> \$	
3	Total exempt function expenditures	Add lines 1 and 2. Enter here ar	nd on Form 1120-POL		
_	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and en	•	l) of all section 527 po	litical organizations to which	the filing organization
	made payments For each organiza		•	~	
	contributions received that were pro-	omptly and directly delivered to a	separate political orga	anization, such as a separate	e segregated fund or a
	political action committee (PAC) if	additional space is needed, provi	de information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds if none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
			+		-
		ľ			

Schedule C (Form 990 or 990-EZ) 2019  Part: II-A Complete if the org	American Le	gislative Ex	change Cour	ncil 52-0 ed Form 5768 (ele	140979 Page 2
section 501(h)).	juinzudon is exem	inpruniuci scolion	1001(0)(0) and mo		
A Check ▶ ☐ If the filing organiza	ition belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share	re of excess lobbying e	expenditures)			
B Check ▶ if the filing organiza	ition checked box A ar	nd "limited control" pro	visions apply.		
	its on Lobbying Expè ditures" means amou	nditures ints paid or incurred.)		organization's totals	_(b).Affiliated_group _ totals
1a Total lobbying expenditures to infli	uence public opinion (	grassroots lobbying)			
b Total lobbying expenditures to infli					
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es			8,960,398.	
e Total exempt purpose expenditure	s (add lines 1c and 1d	)		8,960,398.	
f Lobbying nontaxable amount Enter	er the amount from the	following table in both	n columns	598,020.	,
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	ess over \$1,000,000		7 State Control of the
Over \$1,500,000 but not over \$17		00 plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (er	nter 25% of line 1f)		· · ·	149,505.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-	•	£	0.	
Subtract line 1f from line 1c. If zero	o or less, enter -0-		•	0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?	•			Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	of the five columns be	·low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period	ī	
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	600,779.	659,537.	624,497.	598,020.	2,482,833.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,724,250.
c Total lobbying expenditures					
d Grassroots nontaxable amount	150,195.	164,884.	156,124.	149,505.	620,708.
e Grassroots ceiling amount (150% of line 2d, column (e))					931,062.
f Grassroots Johnwing expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990 EZ) 2019 American Legislative Exchange Council 52-0140979 Page 3

Part 1138 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
of the lobbying activity.	Yes	No	Amo	Amount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers?					
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> </ul>				The state of the s	
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? j Total. Add lines 1c through 1i		表表(A):"			
<ul> <li>2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> </ul>					
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	tion 501(c)(	5), or sec	ction		
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>		1 2	Yes	No	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	tion 501(c)(	5), or sec		3, is	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).</li> </ol>	litical	1		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
a Current year b Carryover from last year c Total		2a 2b 2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		3 4			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV(s) Supplemental Information		5	<u> </u>		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounstructions), and Part II-B, line 1. Also, complete this part for any additional information	oup list), Part II	-A, lines 1 a	nd 2 (see		
	.,	<del>-</del>			
			<u> </u>		

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2019
Open to Public

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

American Legislative Exchange Council 52-0140979 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II ... Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

		n Legislat							<u>40979</u>	Page 2
Par									continue (	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the fo	llowing that	t make si	ignificant i	use of its		
	collection items (check all that apply)									
а	Public exhibition	•	ı 🔛	Loan or exch	ange progra	am				
b	Scholarly research	•	e []	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	illections and explai	n how th	ney further the	organization	on's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit o					er sımılar	assets	_	_	
	to be sold to raise funds rather than to be ma						····		Yes	No No
Par	t IV Escrow and Custodial Arran		lete if the	e organization	answered	"Yes" on	Form 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Pa			<del></del>						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributions	or other as:	sets not	ıncluded		¬	
	on Form 990, Part X?							L	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	table.						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d	ļ		
е	Distributions during the year						1e			
f	Ending balance						1f		<del></del>	<del></del>
	Did the organization include an amount on Fe	•					ity?		_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII							•		
Par	t V Endowment Funds. Complete	_	1	. 1					T	
_		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	,,	<del>                                     </del>						<del>                                     </del>	
b	Contributions		<del>                                     </del>		·····				<u> </u>	
С	Net investment earnings, gains, and losses		<del> </del>						<del> </del>	<del></del>
d	Grants or scholarships		<del> </del>							
е	Other expenditures for facilities									
	and programs		-							
f	Administrative expenses		<del> </del>						<del>                                     </del>	
9	End of year balance		<u> </u>						L	
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a))	held as					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held and	d administe	red for th	ne organiz	ation		
	by								$\overline{}$	<u>res No</u>
	(i) Unrelated organizations								3a(ı)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		owment f	funds						<del>.,</del>
Fai	t VI Land, Buildings, and Equipm		0 5		000	\ D-4 \	L 40			
	Complete if the organization answere	·		Ť .						
	Description of property	(a) Cost or o		(b) Cost		, , ,	ccumulat	i i	(d) Book	value
	· · ·	basis (invest	ment)	basis (	Julei)	de	preciation	<del>'</del>	<del> </del>	
	Land					L				
	Buildings			01	1 500		E 2 2 2	44	200	226
	Leasehold improvements				1,580.		$\frac{522,3}{479,4}$			<u>,236.</u>
	Equipment			<del></del>	2,319.		$\frac{478,4}{130,0}$			<u>,862.</u>
	Other			•	1,384.	L	<u>130,0</u>	45.		<u>,339.</u>
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colun	nn (B). line 10	c.)				<u> </u>	<u>,437.</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 A	<u>merican Legislative I</u>	Exchange Council	52-0	140979	Page 4
Par	t XI Reconciliation of R	evenue per Audited Financial S	statements With Revenue per	Return.		
	` Complete if the organizat	ion answered "Yes" on Form 990, Part IV	/, line 12a		.,,	
1	Total revenue, gains, and other	support per audited financial statements		1	9,233,	<u>553.</u>
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12 <sup>.</sup>	1			
а	Net unrealized gains (losses) on	investments	2a			
b	Donated services and use of fac	ilities	2b			
С	Recoveries of prior year grants		2c	_		
d	Other (Describe in Part XIII)		2d 46,13	_	1.0	122
е	Add lines 2a through 2d			2e	9,187,	$\frac{132.}{421}$
3	Subtract line 2e from line 1	5 11 111 1 10 1 1 1 1		3	9,10/,	421.
4		Part VIII, line 12, but not on line 1	1.4-1			
a	•	ed on Form 990, Part VIII, line 7b	4a	<del> </del>		
b	Other (Describe in Part XIII )		4b	4-		0.
c	Add lines 4a and 4b	15 m	40.1	4c	9,187,	
Pai	rt XII Reconciliation of E	tc. (This must equal Form 990, Part I, line xpenses per Audited Financial	Statements With Expenses p			, <u> </u>
		tion answered "Yes" on Form 990, Part IV	· · · · · · · · · · · · · · · · · · ·		<del>- •</del>	
1	Total expenses and losses per a		,, 1110 124.	1	9,344,	866.
2	,	not on Form 990, Part IX, line 25		-	-,,	
a	Donated services and use of fac	, ,	2a			
b	Prior year adjustments		2b			
	Other losses		2c			
d	Other (Describe in Part XIII )		2d 184,11	8.		
e	Add lines 2a through 2d		20	2e	184	118.
3	Subtract line 2e from line 1			3	9,160	748.
4		Part IX, line 25, but not on line 1.				<u> </u>
a		ed on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	sa on i onn sso, i are vin, inte i s	4b			
C	Add lines 4a and 4b		40	4c		0.
5		<b>4c.</b> (This must equal Form 990, Part I, lin	n 18 l	5	9,160	
	rt XIII Supplemental Info		E.10.J		3 / 2 0 0	
		Part II, lines 3, 5, and 9, Part III, lines 1a ai	nd 4: Part IV. lines 1b and 2b. Part V. I	ine 4: Part X	. line 2. Part X	1.
		and 4b Also complete this part to provid				•
Pai	rt X, Line 2:					
				_		
Mai	nagement reviews	<u>and assesses all acti</u>	vities annually to	identi	fy any	
			-			
<u>ch</u>	anges in the scop	e of the activities a	and revenue sources	and tr	ie tax	
<b>.</b>		- :		. For	. +ho	
tre	eatment thereof t	o identify any uncert	ainty in income tax	C. FOI	the ye	ar
	ded December 21	2019, management did	not identify any ur	aertai	inter in	
enc	ded December 31,	2019, management did	not identify any di	icer cal	incy in	
÷ ~ .	nome tak requirin	g recognition or disc	alogure in the finar	od a 1		
T 111	come tax requirin	g recognition or disc	closure in the linar	ICIAI		
et:	atements.					
<u> </u>	acemencs.		<del></del>			
Pa	rt XI. Line 2d -	Other Adjustments:				
Re	venue of entities	other than the Organ	nization included in	ı the		
	<del></del>					-
COI	nsolidated audite	d financial statement	s, net of			
				<u>-</u>		
<b>e</b> 1:	imination entries	•			46,1	.32.

Schedule D (Form 990) 2019 American Legislative Exchange Council Part XIII   Supplemental Information (continued)	52-0140979 Page 5
(continued)	
Part XII, Line 2d - Other Adjustments:	
Expenses of entities other than the Organization included	in the
consolidated audited financial statements, net of	
elimination entries.	184,118.
	***************************************
•	
	***************************************
	· · · · · · · · · · · · · · · · · · ·

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name of the organization						Employer ide	ntification number
America	n Legislative Exch	ange	e Co	ouncil		52-0140	<u>979                                   </u>
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	es" or	Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
1 Indicate whether the organization rais		ig activ	ities (	Check all that apply			•
a X Mail solicitations	· · —	-		overnment grants			
b X Internet and email solicitations			-	nment grants			
c X Phone solicitations	g Special	fundra	using	events			
d X In-person solicitations			_				
2 a Did the organization have a written of	or oral agreement with any individual	(ıncluc	ling of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		X Yes	☐ No
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to be	,
compensated at least \$5,000 by the	organization						
		T (iii)	Did		(v)	Amount paid	( i) Amount moud
(i) Name and address of individual	(ii) Activity	fundi have c	Did aiser ustody	(iv) Gross receipts	tò (d	or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(.,,,	or cor	itrol of utions?	from activity		fundraiser ted in col (i)	organization "
Donor Fundraising - 1135 W.	Solicits funds on behalf	Yes	No		ļ		
6th St., #115, Austin, TX	of ALEC's annual conf.	1.03	x	386,600.		79,255.	307,345.
Precision Marketing, Inc	Direct mail campaign	$\dagger$	<del></del>	000,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P.O. Box 7670, Arlington, VA	assistance		x	63,735.		49,250.	14,485.
Picotte & Porter, LLC - 2668	Will solicit funds for	1	<del>-</del>			,	
Scott Mill Lane	ALEC's 2020 annual conf.		x	0.		6,745.	-6,745.
American Philanthropy - 119		1			<del></del>		
N. High Street, West Chester,	Research potential donors		x	0.		65,100.	-65,100.
						, .	
			<u> </u>				
	·	1					
		1					
		1					
		1					
	177						
		<b>†</b>				•	
					1		
			•				
Total			<b>&gt;</b>	450,335.		200,350.	249,985.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	ıt ıs ı	exempt from re	gistration
or licensing						•	
AK, AL, AR, AZ, CA, CO, CT,	FL,GA,IL,KS,KY,LA,I	MA, N	ID, N	ME, MI, MN, MS	, NO	, ND, NH,	NJ,MM,NY
OH, OK, OR, PA, RI, SC, TN,	UT, VA, WA, WI, WV						

	edui i <b>rt l</b>	le G (Form 990 or 990-EZ) 2019 America:    Fundraising Events. Complete if the				0140979 Page 2 more than \$15.000
	•	of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col (a) through
						col (c))
•			(event type) -	(event type)	(total number)	
Revenue						
eve	1	Gross receipts				
ш						
	2	Less Contributions			-·· · · · · · · · · · · · · · · · · · ·	
	3	Gross income (line 1 minus line 2)	<u> </u>			
		Cook prizes				
	4	Cash prizes				<del></del>
	5	Noncash prizes				
Ś		Noncasii prizes				
Sus	6	Rent/facility costs				
ă	ľ	,,			<del>y - 2.</del>	
Direct Expenses	7	Food and beverages				
Ore		•				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		<b>&gt;</b>	
In.	11				<u></u>	
Pé	ırt i	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a	answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
	Γ	\$15,000 611 F01111 990-E2, 11110 6a	1	(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
Revenue						.,,
æ	1	Gross revenue				
w	2	Cash prizes				
Expenses						
ž X	3	Noncash prizes	_			
ii to						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	_	Volunteer labor	Yes%		Yes%	
	•	Volunteer labor	No	No No	No	
	7	Direct expense summary Add lines 2 through	5 in column (d)		•	
	'	Direct expense commany , as most 2 among.			•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<b></b>	
9	En	ter the state(s) in which the organization condu	icts gaming activities.			
a	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	) If "	No," explain			· ·	<del> </del>
	_					
		ere any of the organization's gaming licenses re		- ·	rear?	Yes No
t	) If "	Yes," explain	· ·			<del></del>
	_	- 100				

Schedule G (Form 990 or 990 EZ) 2019 American Legislative Exchange Council 52-0140979 Page 3
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in a The organization's facility
a The organization's facility  b An outside facility  13a  %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
of gaming revenue retained by the third party ▶\$  c If "Yes," enter name and address of the third party.
Name
Address ▶
16 Gaming manager information
Name
Gaming manager compensation ▶ \$
Gaining manager compensation
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year ▶ \$    PartiV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:
Zenegation of the second secon
(i) Name of Fundraiser: Donor Fundraising
(i) Address of Fundraiser: 1135 W. 6th St., #115, Austin, TX 78703
(i) Name of Eurabraiana. Decaining Monketing Tra
(i) Name of Fundraiser: Precision Marketing, Inc.
(i) Address of Fundraiser: P.O. Box 7670, Arlington, VA 22207

Schedule G (Form 990 or 990 EZ) American Legislative Exchange Council Part V Supplemental Information (continued)	52-0140979 Page 4
(i) Address of Fundraiser: 2668 Scott Mill Lane, Jacksonvil	le, FL 32223
(i) Name of Fundraiser: American Philanthropy	
(i) Address of Fundraiser: 119 N. High Street, West Chester	, PA 19380
·	
	··
	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part Questions Regarding Compensation

Employer identification number 52-0140979

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	勃群		性的發
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel Housing allowance or residence for personal use			排漢
	Travel for companions Payments for business use of personal residence	分殊		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<b>EMP</b>		塔門
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		問題	對實	物源
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			<b>达</b> 加强
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	44.		的特
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	想應		
			影響	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III		關係	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	計劃		新海盟
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	制额	TIME	影響
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	新語	問題	中冷觀
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	心理論	東沙漠	記書
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ple	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)·(a)	in column (B) reported as deferred on prior Form 990
(1) Lisa Nelson	(1)	321,300.	102,300.	0	10,000.	15,246.	448,846.	0
CEO	(E)	0	0	• 0			• 0	0
(2) Lisa Bowen	Ξ	171,44	10,000.	0	7,25	24,21	212,906.	0
CFO	(ii)		0	.0			• 0	0
(3) Michael Bowman	Ξ	166,31	2,000.	• 0	6,84	15,311.	193,469.	0.
VP - Policy	(ii)		* 0	• 0			0 • 0	• 0
(4) Wilhelm Meierling	Θ	182,79	10,000.	0	7,70	879.	201,374.	0.
Chief Marketing Officer	(ii)		• 0	• 0	• 0		0	• 0
(5) Jonathan Williams	(i)	166,505.	7,500.	0	6,954.	15,311.	196,270	0
Chief Economist	(ii)	0.	0.	.0	0.	0	0	0
	(0)							
•	(ii)							
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Employer identification number 52-0140979

American Legislative Exchange Council Form 990, Part III, Line 4d, Other Program Services: Membership Expenses \$ 699,309. including grants of \$ 5,000. Revenue \$ 49,325. State Outreach Expenses \$ 695,389. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section A, line 4: During the year ended December 31, 2019, ALEC amended its bylaws. reportable amendments include the following: a) Term of board members changed from 3 years to 6 years; b) a requirement for a director to take at least a one-year sabbatical before being considered for another term added; and c) removal of the Second National Vice Chair as an officer. Form 990, Part VI, Section A, line 6: In accordance with the bylaws of ALEC, full membership shall be open to persons dedicated to the preservation of individual liberty, basic American values and institutions, productive free enterprise, and limited representative government, who support the purposes of ALEC, and who serve, or formerly served, as members of a state or territorial legislature, the United States Congress or similar bodies outside the United States. Form 990, Part VI, Section A, line 7a: Directors are elected each December. The Board shall consist of 23 members of which 18 directors are nominated and elected by the Board of Directors.

Three Directors shall be nominated by the Board of Directors from a list of

six nominees supplied by the State Chair, one of whom shall be the Chair of the State Chairs. Two Directors shall be elected by the Board of Directors from a list of four nominees supplied by the Task Force chairs, all four of whom shall be Task Force public sector chairs.

Form 990, Part VI, Section A, line 8b:

ALEC does not maintain minutes for all committees, but decisions are taken to the full board for approval and are documented.

Form 990, Part VI, Section B, line 11b:

The CFO reviews ALEC's Form 990. Such review takes place upon receipt of the draft Form 990 received from the independent public accounting firm who conducts the financial statement audit of ALEC. The review involves comparison of financial data in the Form 990 with the audited financial statements and review of all narrative information for accuracy and completeness. The CEO of ALEC then reviews the Form 990. Prior to filing, the public disclosure copy of the Form 990 is provided to the full Board of ALEC.

Form 990, Part VI, Section B, Line 12c:

ALEC has a written conflict of interest policy. Actual or perceived conflicts are addressed by the Board on a case by case basis.

Form 990, Part VI, Section B, Line 15a:

ALEC compares current salary rates with other non-profits by reviewing various Federal Form 990's to ensure the rates are competitive. The board of directors reviews and approves the compensation of the CEO. The CEO approves the compensation of all other employees, including key employees.

Name of the organization  American Legislative Exchange Council	Employer identification number 52-0140979
Through the annual budget process, board approval of overa	11 salary expense
is-obtained.	
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:
AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, N	C, ND, NH, NJ, NM, NY
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV	
Form 990, Part VI, Section C, Line 19:	
ALEC makes these documents available upon request.	
	<del>17</del>
	***

Page 2

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

■ Attach to Form 990.

Legislative Exchange Council

American

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Open to Public Inspection 2019

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 52-0140979

Schedule R (Form 990) 2019 (g) Section 512(b)(13) ž controlled entity? Direct controlling Yes × entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets e status (if section Public chanty 501(c)(3)) Total income Exempt Code ਉ section District of Columbia 501(c)(4) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Educate the public & gov't policy makers by providing Primary activity nonpartisan research Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Jeffersonian Project - 46-2233126 Name, address, and EIN of related organization of disregarded entity 2900 Crystal Drive, 6th Floor Arlington, VA 22202 Part II

52-0140979

Page 2

Schedule R (Form 990) 2019 American Legislative Exchange Council

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tau under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	,	Critonate trons?	(i) Code V-UBI amount in box 20 of Schedule (F.1 (Form 1065)	(j) General or managing partner? Yes No	(i) (k), General or Percentage managing ownership pariner/ Yesi No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust.	ganizations Taxable a	is a Corpo		omplete if th	e organization	answered "\	res" on Form	1990, Part IV	/, line 34,	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	one or mo	e related
(a) Name, address, and EIN of related organization	Z. c.	Pnm	(b) Pnmary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income		(g) Share of Pend-of-year cassets	(h) Percentage ownership	Section 512(bx13) controlled entity?
932162 09-10-19										Schedt	ule R (Forn	Schedule R (Form 990) 2019

Page 3

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Part V

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

any enti , did the	<b>—</b> ⊨	te line 1 if e tax year	Complete line 1 if	any entity is listed in Parts II, III, or IV of this schedule.	ear, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
	ıf any entı ır, dıd the	te line 1 if any enti e tax year, did the	plete line g the tax y	ty is	organizatio	

entity
controlled
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r (iv) ren
oyalties, or
(III)
t, (ii) annuities, (iii) royalties, or (iv) rent fro
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ınterest,
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- - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses q Reimbursement مواطقه المراجعة
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete the	is line, including covered re	elationships and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) Jeffersonian Project	Z	200,000.	200,000. Fair Value
(2) Jeffersonian Project	0	85,074.	85,074. Fair Value
(3)			
(4)			
(5)			
(9)			

932163 09-10-19

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(K)	Percentage ownership																								Schedule R (Form 990) 2019
s	neral or naging irtner?	Yes No						1					 												Form
	<u>के हैं हैं।</u> 8	<u>{ د</u>			+-			-	 		$\dashv$					$\dashv$				╁	 				le R
	amount in bo < 20 managing ownership of Schedule K-1 partner?	(Form 1065)	 · ••	·	-	-	-	-	 -	-	-		 		 -		- •	-	- <b>-</b>		<del>-</del>	**-	 •	-	Schedu
3	Dispropor- tionate altocations?	Yes No											<b></b>												-
(6)		assets																	.,						
(J)	•,	ıncome																							
(e)	pariners sec 501 (c)(3) 6r 0rgs?	Yes No	 					-			7														
(p)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)																•							
(2)	흜	country)																							
(q)	Primary activity																								
(a) (b) (c) (d)	Name, address, and EIN of entity											:													

Schedule F	R (Form 990) 2019	American	Legislative	Exchange	Council	52-0140979 P	age 5
Part VII	R (Form 990) 2019 Supplemental Infor	mation		<del></del>		<u>-</u>	
	Provide additional inform	ation for responses	to questions on Schedi	ile R. See instruct	ions		
	T TO VICE ACCITIONAL INTO INT	ation for responses	s to questions on ochedi	die 11 Occ matidot	10/13		
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